

WellStar College of Health and Human Services  
Office of the Dean

HHS- Student Support Fund Application – Individual Request

The Office of the Dean recognizes the importance of professional development for its undergraduate and graduate students and therefore has created the HHS – Student Support Fund for facilitating current WCHHS students’ development outside the classroom. The HHS – Student Support Fund will reimburse any appropriate costs of a student’s trip so long as all travel-funding guidelines have been followed.

Due to the demand for this program, financial support from the Office of the Dean may become limited. As a result, the Dean must impose a hierarchical approach for the selection of applicant funding. This hierarchical approach will be based on funding availability, and use and/or availability of other financial resources (e.g. CETL, student organizations, URCA or NCUR grants, etc.).

**Eligibility Requirements:**

- Students must be enrolled at KSU during the time period of the travel
- Travel must be completed by **June 15, 2018** – no exceptions
- Travel must involve a presentation (attach acceptance letter or email to this request)
- Faculty mentors must be under contract at KSU

STUDENT INFORMATION:			
<b>Student Name:</b>	<b>KSU ID #</b>		
<b>Major:</b>			
<b>Faculty Mentor:</b>	<b>Department:</b>		
<b>Student Enrollment Status at time of travel:</b> <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate Student			
<p><b>a. Will the student be able to pay for his or her own travel expenses out-of-pocket and seek reimbursement?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>b. Has the student applied for travel funds from another department on campus? (CETL, student club or organization, URCA, NCUR, GSA, etc.)</b>  <input type="checkbox"/> No  <input type="checkbox"/> Yes, but funding was denied  <input type="checkbox"/> Yes – Awarded from Dept./Org.: _____ Amount Awarded: _____</p>			
TRIP INFORMATION			
<b>Conference Name:</b>			
<b>Destination (City, State, Country):</b>			
<b>Travel Start Date:</b>	<b>Travel End Date:</b>		
<b>Trip Semester:</b> <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer			
ESTIMATED TRAVEL EXPENSES:			
<b>Airfare:</b>	<b>Ground Trans:</b>	<b>Parking:</b>	<b>Hotel:</b>
<b>Meals:</b>	<b>Mileage:</b>	<b>Registration*:</b>	<b>TOTAL:</b>

\*Membership fee(s) are the sole financial responsibility of the student and cannot be reimbursed by the State.

**PLEASE NOTE:** IF THIS REQUEST IS APPROVED, THERE IS ADDITIONAL PAPERWORK THAT MUST BE COMPLETED PRIOR TO TRAVEL. PLEASE CONTACT STEPHANIE VAUGHN FOR MORE DETAILS.